



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
WATER PROTECTION PROGRAM, FINANCIAL ASSISTANCE CENTER  
**CLEAN WATER FORTY PERCENT GRANT APPLICATION**

**Submit to:** P.O. Box 176, Jefferson City, MO 65102-0176  
ATTN: Financial Assistance Center

**FOR OFFICE USE ONLY**

DATE RECEIVED

LOAN NUMBER

PRIORITY POINTS

**This application is for a State Forty Percent Construction Grant as described in 10 CSR 20-4.023 with or without a Direct Loan**

**APPLICANT INFORMATION**

1. NAME OF APPLICANT

☐ Incorporated Municipality ☐ Public Water or Sewer District ☐ Other:

APPLICANT TELEPHONE NUMBER WITH AREA CODE

-

-

Ext.

APPLICANT FAX NUMBER WITH AREA CODE

-

-

APPLICANT MAILING ADDRESS

CITY

STATE

ZIP CODE + FOUR

-

COUNTY

AUTHORIZED REPRESENTATIVE NAME

AUTHORIZED REPRESENTATIVE TITLE

2. NAME OF PERSON TO CONTACT ABOUT THIS APPLICATION

TELEPHONE NUMBER WITH AREA CODE

-

-

Ext.

3. CONSULTING ENGINEER

CONSULTANT MAILING ADDRESS

CITY

STATE

ZIP CODE + FOUR

-

CONSULTANT TELEPHONE NUMBER WITH AREA CODE

-

-

Ext.

CONSULTANT FAX NUMBER WITH AREA CODE

-

-

4. POPULATION (CURRENT CENSUS)

POPULATION OF AREA TO BE SERVED

5. STATE SENATE DISTRICT NUMBER(S)

STATE REPRESENTATIVE DISTRICT NUMBER(S)

**6. PROPOSED PROJECT INFORMATION**

☐ Point Source Project

☐ Decentralized Treatment System

PROJECT DESCRIPTION (ATTACH ENGINEERING REPORT AS SUBMITTED TO MISSOURI WATER AND WASTEWATER REVIEW COMMITTEE, IF APPLICABLE):

**PERMIT INFORMATION** Factor A at 10 CSR 20-4.010 (1)(A)1

7. List National Pollutant Discharge Elimination System, or NPDES, Permit Number(s) of water or wastewater facilities affected by this project:


8. List non-permitted facilities to be eliminated by this project (Attach list if necessary):

Name	Population Served	Type and Condition of Facility

PROJECT COST INFORMATION			
<b>9. Cost Estimate Dated:</b> /     /		<b>10. Cost Breakdown for Designated Categories</b>	
Engineering Planning and Design	\$	I. Secondary Treatment	\$
Engineering (Construction Phase)	\$	II. Advanced Treatment	\$
Engineering Inspection	\$	IIIA. Inflow/Infiltration Correction	\$
Land and Easements*	\$	IIIB. Sewer Rehabilitation	\$
Construction	\$	IVA. Collection Sewers	\$
Equipment	\$	IVB. Interceptor Sewers	\$
Other Costs (specify)	\$	V. Combined Sewer Overflow Correction	\$
Contingencies	\$	VI. Storm Water	\$
<b>Total Project Costs</b>	\$	VII. Non-Point Source	\$
Funding From Other Sources	\$	<b>Total Project Costs</b>	\$
<b>Department Direct Loan Requested</b>	\$		
<b>Forty Percent Grant Requested</b>	\$		
* These costs are generally not eligible for department funding.			
11. DEBT INSTRUMENT			
<b>A. Bonds</b>		<b>B. Capital Improvements Sales Tax</b>	
Date of Bond Election / /		Date of Election / /	
Type of Bond		Dedicated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Amount of Bond \$		Sunset Provision? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>C. Other (specify):</b>			
12. APPLICANT FINANCIAL INFORMATION Factor C-7 at 10 CSR 20-4.010(1)(A)3.G			
A. Median Household Income (from census)			
B Current monthly sewer use rate (for 5,000 gallons)		Proposed sewer rate (for 5,000 gallons)	
C Sewer revenues for most recent year ended		Most recent year's date of data used     /     /	
D. Sewer operating expenditures for most recent year			
13. BOARD TRAINING Factor C at 10 CSR 20-4.010(1)(A)3			
List any board training(s) related to wastewater utility management that current board members have attended in the last three years:			

<b>14. WATERSHED INFORMATION</b> Factors A-1, A-2, A-3, A-4 at 10 CSR 20-4.010 (1)(A)1.A-C and Factor E at 10 CSR 20-4.010 (1)(A)5		
WATER BODY AFFECTED BY PROPOSED PROJECT	<input type="checkbox"/> Check if this is the receiving water body <input type="checkbox"/> Check if the body is classified <input type="checkbox"/> If affected water body is not classified, provide the nearest downstream water body	
Is proposed project identified in a multi-jurisdictional area watershed plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a copy of the plan.		
Does the proposed project serve more than one community? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify communities:		
Does the proposed project eliminate the need for multiple wastewater treatment facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the proposed project address groundwater pollution? <input type="checkbox"/> Yes <input type="checkbox"/> No		
GROUNDWATER IS USED FOR:		
OTHER PROBLEMS ADDRESSED:		
<b>15. PROJECT TYPE (CHECK ALL THAT APPLY)</b> Factors B-1, B-2, B-3, B-4 at 10 CSR 20-4.010 (1)(A)2.A-D, Factor E-2 at 10 CSR 20-4.010(1)(A)5		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Combined sewer overflow/sanitary sewer overflow  <input type="checkbox"/> Wastewater Treatment Facility (specify)  <div style="margin-left: 20px;"> <input type="checkbox"/> New facility  <input type="checkbox"/> Increase capacity/increase level of treatment  <input type="checkbox"/> Rehabilitation/process improvement           </div> <input type="checkbox"/> Failing or failed on-site wastewater disposal system  <div style="margin-left: 20px;"> <input type="checkbox"/> On-site system replacement/rehabilitation  <input type="checkbox"/> Construction of a decentralized wastewater system  <input type="checkbox"/> New collection system           </div> <input type="checkbox"/> Collection system rehabilitation primarily to address inflow/infiltration  <input type="checkbox"/> Upgrade or expansion of existing collection system         </div> <div style="width: 50%;">           Number of overflows per year: _____            Has Anti-Degradation report been submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A            Percentage of systems failing: _____%         </div> </div>		
<b>16. PROJECT SCHEDULE (READINESS TO PROCEED)</b> Factor C-5 at 10 CSR 20-4.010(1)(A)3.E		
<b>Milestone</b>	<b>Anticipated Date</b>	
A. Antidegradation report submitted (for any new, expanded or upgraded wastewater treatment plant).	/ /	
B. Engineering Report and Facility Plan complete.	/ /	
C. All other funding is secured (if necessary, bonds are voted).	/ /	
D. Engineering plans and specifications complete.	/ /	
E. Construction start date.	/ /	
F. Mandatory completion date (Attach copy of compliance schedule).	/ /	

**17. THE FOLLOWING INFORMATION IS REQUIRED BY 10 CSR 20-4.023(8) AND MUST BE INCLUDED WITH THIS APPLICATION FORM:**

- ☐ A project summary that includes the need for the project :
  - ☐ The project components including maps or drawings showing the project location.
  - ☐ A cost estimate including a cost breakdown.
- ☐ Written certification that the applicant has analyzed the costs and financial impacts of the proposed facilities and that the applicant has the capability to finance and manage the construction and operation of the facilities.
- ☐ A copy of the preliminary project proposal and preliminary engineering report as submitted to the Missouri Water and Wastewater Review Committee in accordance with 10 CSR 20-4.023 (3)(C).
- ☐ Proposed project schedule including:
  - ☐ Construction start date defined as the date of notice to proceed.
  - ☐ Construction completion.
  - ☐ Initiation of operation.
  - ☐ Project completion.

**18. SUPPLEMENTAL INFORMATION – DOCUMENTATION MUST BE ATTACHED** Factors C-1, C-2, C-3, C-6 at 10 CSR 20-4.010(1)(A)3

- ☐ User charge system budgets showing revenues and expenses for the past five years. (if appropriate)
- ☐ Documentation showing that an inflow/infiltration reduction program has been in place for the last five years. (if appropriate)
- ☐ Water or Energy Conservation Plan.
- ☐ Proposed project is specifically identified in the applicant's master wastewater or capital improvement plan. (Master wastewater or capital improvement plan should be for a period of five or more years.)
- ☐ Documentation indicating the percentage of failed on-site wastewater disposal systems to be replaced or rehabilitated.

**19. Other Information:**

**CERTIFICATION:**

The undersigned representative certifies that the information submitted in this application is true and correct to the best of his/her knowledge and that he/she is authorized to sign and submit this application. The applicant agrees, if a grant is awarded on the basis of this application, to comply with all applicable terms, conditions and procedures, of the Department of Natural Resources rules and regulations and, the terms and conditions of the grant agreement. The applicant has attached the project summary, financial certification, proposed schedule and copy of the Missouri Water and Wastewater Review Committee proposal as required by 10 CSR 20-4.023(8).

**Incomplete applications will be returned.**

SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE / /
NAME AND OFFICIAL TITLE (TYPE OR PRINT)	TELEPHONE NUMBER WITH AREA CODE - - Ext.

**PREPARER'S NAME AND SIGNATURE (IF APPLICABLE)**

SIGNATURE OF PREPARER	DATE / /
NAME AND TITLE (PLEASE PRINT OR TYPE)	TELEPHONE NUMBER WITH AREA CODE - - Ext.